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Bib Data Sheet

SERIAL NUMBER 10/629,946	FILING DATE 07/30/2003 RULE	CLASS 206	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 1901-17A					
APPLICANTS Thomas D. Intini, Brossard, CANADA;									
** CONTINUING DATA ***** None 2									
** FOREIGN APPLICATIONS ***** None 2									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/24/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged Allowance - Examiner's Signature Initials </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY CANADA </td> <td style="width: 15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 7 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 11 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged Allowance - Examiner's Signature Initials	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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ADDRESS <div style="text-align: center;">AIR MAIL</div> Eric Fincham 316 Knowlton Road Lac Brome , QC JOE 1V0 CANADA									
TITLE Bend & peel packaging having controllable delamination									
FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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